

## NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled) <input type="radio"/>					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: 162 Fifth Avenue Associates, LLC c/o ABS Partners Real Estate, LLC					
Address: 200 Park Avenue South, 10th Floor					
City: New York	State: NY	Zip: 10003			
Contact: Jay Kreisberg	Tel: 212-400-6060				
REMOVAL CONTRACTOR: Citrel Inc					
Address: 2546 East 17th Street, 2nd Floor					
City: Brooklyn	State: NY	Zip: 11235			
Contact: Anton Shamilov	Tel: 718-304-7554				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>					
IV. IS ASBESTOS PRESENT? (Yes/No) <input checked="" type="radio"/>					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address: 162 Fifth Avenue					
City: New York	State: NY	County: New York			
Site Location: Basement & Freight Lobby					
Building Size: 108167sq/ft	# of Floors: 11	Age in Years: 86			
Present Use: commercial	Prior Use: commercial				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM NOB					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt: 20	Ln M:
Surface Area	Floor Tiles			SqFt: 380	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/24/1016				Complete: 04/01/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/24/1016				Complete: 04/01/2017	

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Interior Foam procedure in accordance with NYC DEP Title 15		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
NYC DEP Asbestos control program and NYS asbestos regulations		
<b>XII. WASTE TRANSPORTER #1</b>		
Name: Citrel Inc		
Address: 2456 East 17th Street, 2nd Floor		
City: Brooklyn	State: NY	Zip: 11235
Contact Person: Anton Shamilov	Tel: 718-304-7554	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIII. WASTE DISPOSAL SITE</b>		
Name: Tullytown Landfill (Waste Management)		
Address: 200 Bordentown Rd		
City: Tullytown	State: PA	Zip: 19007
Tel: (215) 428-3291		
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XV. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
<b>XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
Amended Water, HEPA Vacuum		
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.</b>		
 _____ (Signature of Owner/Operator)		04-16-2016 _____ (Date)
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
 _____ (Signature of Owner/Operator)		04-16-2016 _____ (Date)